

PATENT

Att'y Docket No. IBM/91/124

Confirmation No. 5010**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence and the enclosures noted herein (17 total pages) are being transmitted via facsimile transmission to Examiner Thomas A. Dixon, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at 703-872-9306 on February 4, 2004.

Judith L. Volk
Judith L. Volk

February 4, 2004
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William Joseph Armstrong et al. Art Unit: 3629
Serial No.: 09/314,324 Examiner: Thomas A. Dixon
Filed : May 19, 1999
For : MANAGEMENT OF A CONCURRENT USE LICENSE IN A LOGICALLY-PARTITIONED COMPUTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. ☒ Transmitted herewith is an Amendment and Response.
 2. ☐ Small Entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
 - ☐ Enclosed is a verified statement to establish Small Entity status
 - ☒ Other than a Small Entity
3. The fee has been calculated as shown below:

CALCULATION OF FEES

Fee:	Number of Claims After Amendment:		Previously Paid For:	No. Extra:	At Rate:	Amount:
Total Claims	18	minus	20	0	\$18	\$0.00
Independent Claims	4	minus	4	0	\$86	\$0.00
MULTIPLE DEPENDENT CLAIM FEE					\$290	\$0.00
TOTAL FEE FOR CLAIMS:						\$0.00

- ☒ No additional fee for claims is required.

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Serial No. 09/314,324
Transmittal for Amendment of February 4, 2004
IBM Docket: RO999023
WH&E IBM/91

4. ☐ Attached is a check in the sum of \$_____ for additional claims.
☐ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.
5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Complete (a) or (b) as applicable.

- ☒ (a) Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	<u>Ext. Mos.</u>	<u>Large entity</u>	<u>Small entity</u>
<input checked="" type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 420.00	\$ 210.00
<input type="checkbox"/>	three months	\$ 950.00	\$ 475.00
<input type="checkbox"/>	four months	\$1,480.00	\$ 740.00
<input type="checkbox"/>	five months	\$2,010.00	\$1,005.00

Extension fee due with this request:

\$ 110.00

Method of Payment: **Please charge Deposit Account 23-3000 in the amount of \$ 110.00.**

If an additional extension of time is required, please consider this a petition therefor.

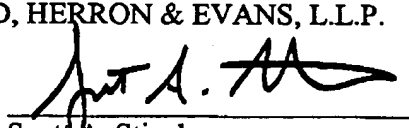
(Check and complete the next item, if applicable)

- ☐ An extension for ____ months has already been secured and the fee paid thereof of \$____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$____.
- OR**
- ☐ (b) Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.
6. ☒ If any additional fee for claims or extension of time is required, charge Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

By:


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Enclosed:

Fax Cover Sheet containing Certificate of Facsimile Transmission (1 page)
 Transmittal containing Certificate of Facsimile Transmission, a Request for One-Month Extension of Time, and Authorization to Charge Deposit Account 23-3000 in the amount of \$110.00 for One-Month Extension of Time Fees (2 pages)
 Amendment and Response (14 pages)